



City of Wilmington, Ohio
 Director of Public Service
 69 N. South Street
 Wilmington, Ohio 45177

937-382-6509
 Fax 937-382-1553

**STREET AND RIGHT-OF-WAY OPENING,
 DRIVEWAY/CURB & GUTTER, AND RIGHT-OF-WAY USE PERMIT**

Date of Application: _____ Application # (Office use only): _____
 Applicant Name: _____
 Address: _____
 Phone: _____ Email: _____
 Contact Person: _____ Cell Phone: _____

PLEASE MARK TYPE OF PERMIT

STREET AND ROW OPENING DRIVEWAY/CURB/GUTTER/APRON RIGHT-OF-WAY USE ONLY

Please mark all applicable boxes below.

Attach one set of drawings and MOT (maintenance of traffic) plans.

<input type="checkbox"/> Jack & Bore	<input type="checkbox"/> Install Underground Utilities	<input type="checkbox"/> Adjust Manhole/Pull Box
<input type="checkbox"/> Directional Bore	<input type="checkbox"/> Install Overhead Utilities	<input type="checkbox"/> Driveway/Curb/Gutter/Apron (Please attach drawings)
<input type="checkbox"/> Open Cut	<input type="checkbox"/> Overhead Utility Crossing	<input type="checkbox"/> Alley/Parking Space/Sidewalk Use
<input type="checkbox"/> Lane Closure Anticipated (Please Attach MOT. Requires 48-hour notice to Service Director)		
<input type="checkbox"/> Other		

Proposed Project Start and End Dates: _____
 Project Name (Optional): _____
 Address/Location(s) of Opening(s) (Please be Specific.): _____

Drawing/Documentation Attached

Type of Existing Surface(s): Asphalt/Pavement Concrete Soft Surface Other _____
 Detailed Description of Work: _____

Purpose: _____
 Size of Opening: Length _____ ft. _____ in. Width _____ ft. _____ in.
 Depth _____ ft. _____ in. **TOTAL YARDAGE** _____

Permit Fee per Hard Surface Opening/Unit:	\$50.00	Number of Openings/Units:		Total Due:	
Permit Fee per Soft Surface Opening/Unit	\$20.00	Number of Openings/Units		Total Due:	
Permit Fee per Driveway/Sidewalk/Curb/Gutter	\$25.00			Total Due:	
Permit Fee per Right of Way Use Only	\$ 0.00	No charge for ROW Use Only Permit		Total Due:	
TOTAL PERMIT FEE:					

Checks to be made payable to: **City of Wilmington.**

Remittance Address: Director of Public Service
 City of Wilmington
 69 N. South Street
 Wilmington, OH 45177

*** IMPORTANT * PLEASE READ AND SIGN BELOW**

The applicant agrees to provide a bond in an amount specified by the Director of Public Service for the type of improvement requested per W.C.O. 901.02.

The applicant agrees that all restoration work will be performed in compliance with the City of Wilmington Standard Plans and Specifications.

By making of this application, the applicant agrees to comply with all of the laws of the State of Ohio and Ordinances of the City of Wilmington pertaining to the above-described work and all work incidental to the project. All improvements, repairs, and restoration must comply with City of Wilmington standards and specifications.

The applicant certifies that the information and statements given in this application are true and correct. The applicant covenants and agrees to hold harmless the City of Wilmington from all claims, loss, or damage that may result in any way from the within described improvements, and the applicant agrees to hold harmless the City of Wilmington against all claims, loss or damage resulting from the restoration after making such improvements.

The applicant is responsible for contacting OUPS at (800) 362-2764 and must request the location of all utilities at least 48 hours prior to beginning work. All work outside of the City's right-of-way will require an easement/permission from the property owner.

Lane closures shall occur only between 9 a.m. and 4 p.m. unless specifically approved by the Director of Public Service in writing. Lane closures shall have proper MOT and in accordance with the Ohio Manual Uniform of Traffic Control Devices. Failure to comply with these regulations may result in contractor being removed from site.

I the undersigned agree to perform final restoration within 30 days from completion of work and any lane closures require notification 48-hours prior to beginning work by calling (937) 382-6509.

Signed: _____ Date: _____

Print Name: _____

For administrative purposes only. Do not write below this line.

Date Application Received: _____

Total Fee Amount: _____

Check # _____ Cash

DIRECTOR OF PUBLIC SERVICE PERMIT APPROVAL

Approved Denied

Signed – Director of Public Service

Bonding Requirements: Yes No Amount: _____

Special Provisions: _____
